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PLEASANT VIEW NURSING HOME N3150 HIGHWAY 81, P.O. BOX 768

MONROE 53566 Phone: (608) 325-2171 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 132 Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Total Licensed Bed Capacity (12/31/02): 148 124 Average Daily Census: 126 Number of Residents on 12/31/02:

************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 0.8 | Under 65 13.7 | More Than 4 Years No | Mental Illness (Org./Psy) 31.5 | 65 - 74 6.5 | Day Services No | Mental Illness (Other) 5.6 | 75 - 84 Respite Care 25.8 | Adult Day Care 40.3 | ******************* 13.7 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 1.6 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 4.0 | 2.4 100.0 | (12/31/02) No | Fractures Home Delivered Meals 16.1 | 65 & Over 86.3 |------No | Cardiovascular Other Meals 8.9 | ------ | RNs No | Cerebrovascular Transportation 4.0 | Sex % | LPNs Referral Service No | Diabetes 4.9 No | Respiratory 6.5 | ------ | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 18.5 | Male 37.1 | Aides, & Orderlies 48.0 ا ---- ا Mentally Ill ---- | Female 62.9 | 100.0 I Provide Day Programming for Developmentally Disabled Yes ******************

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care								
Level of Care	No.	96	Per Diem (\$)	No.	%	Per Diem (\$)	No.	o/o	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	2	2.3	128	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.6
Skilled Care	8	100.0	274	75	85.2	109	0	0.0	0	27	96.4	150	0	0.0	0	0	0.0	0	110	88.7
Intermediate				10	11.4	90	0	0.0	0	1	3.6	150	0	0.0	0	0	0.0	0	11	8.9
Limited Care				1	1.1	78	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		88	100.0		0	0.0		28	100.0		0	0.0		0	0.0		124	100.0

PLEASANT VIEW NURSING HOME

********	*****	*******	******	*****	******	******	*****			
Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									
Deaths During Reporting Period										
					% Needing		Total			
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of			
Private Home/No Home Health	3.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	5.5	Bathing	0.0		46.0	54.0	124			
Other Nursing Homes			4.8			43.5	124			
Acute Care Hospitals	67.0	Transferring	26.6		37.1	36.3	124			
Psych. HospMR/DD Facilities	0.9	Toilet Use	22.6		32.3	45.2	124			
Rehabilitation Hospitals	0.0	Eating	73.4		9.7	16.9	124			
Other Locations	17.4	*******	*****	*****	******	*******	*****			
Total Number of Admissions	109	Continence		%	Special Treatm	nents	%			
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.8	Receiving Re	spiratory Care	12.1			
Private Home/No Home Health	33.3	Occ/Freq. Incontinen	t of Bladder	51.6	Receiving Tr	acheostomy Care	0.0			
Private Home/With Home Health	7.4	Occ/Freq. Incontinen	it of Bowel	30.6	Receiving Su	ctioning	0.8			
Other Nursing Homes	0.9				Receiving Os	tomy Care	0.8			
Acute Care Hospitals	5.6	Mobility			Receiving Tu	be Feeding	4.0			
Psych. HospMR/DD Facilities	0.9	Physically Restraine	ed .	9.7	Receiving Me	chanically Altered Diet	s 35.5			
Rehabilitation Hospitals	0.0	1								
Other Locations	3.7	Skin Care			Other Resident	Characteristics				
Deaths	48.1	With Pressure Sores		7.3	Have Advance	Directives	100.0			
Total Number of Discharges		With Rashes		1.6	Medications					
(Including Deaths)	108	I			Receiving Ps	ychoactive Drugs	62.1			

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Ownership:		Bed Size:		Licensure:				
	This	Gove	ernment	100-199		Skilled		Ali	1	
	Facility	cility Peer Group		Peer Group		Peer Group		Facilities		
	90	olo	Ratio	엉	Ratio	olo	Ratio	ଚ	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	84.3	86.3	0.98	82.4	1.02	83.3	1.01	85.1	0.99	
Current Residents from In-County	86.3	75.8	1.14	79.0	1.09	75.8	1.14	76.6	1.13	
Admissions from In-County, Still Residing	35.8	27.1	1.32	21.3	1.68	22.0	1.63	20.3	1.76	
Admissions/Average Daily Census	86.5	96.4	0.90	130.4	0.66	118.1	0.73	133.4	0.65	
Discharges/Average Daily Census	85.7	98.7	0.87	132.8	0.65	120.6	0.71	135.3	0.63	
Discharges To Private Residence/Average Daily Census	34.9	41.6	0.84	58.2	0.60	49.9	0.70	56.6	0.62	
Residents Receiving Skilled Care	90.3	91.9	0.98	93.4	0.97	93.5	0.97	86.3	1.05	
Residents Aged 65 and Older	86.3	87.8	0.98	94.2	0.92	93.8	0.92	87.7	0.98	
Title 19 (Medicaid) Funded Residents	71.0	67.7	1.05	73.9	0.96	70.5	1.01	67.5	1.05	
Private Pay Funded Residents	22.6	19.7	1.15	17.0	1.33	19.3	1.17	21.0	1.07	
Developmentally Disabled Residents	0.8	0.6	1.32	0.8	1.07	0.7	1.12	7.1	0.11	
Mentally Ill Residents	37.1	47.5	0.78	34.5	1.07	37.7	0.98	33.3	1.11	
General Medical Service Residents	18.5	15.9	1.17	19.0	0.98	18.1	1.03	20.5	0.91	
Impaired ADL (Mean)	56.9	47.8	1.19	48.0	1.19	47.5	1.20	49.3	1.16	
Psychological Problems	62.1	56.9	1.09	51.4	1.21	52.9	1.17	54.0	1.15	
Nursing Care Required (Mean)	7.8	5.9	1.31	6.8	1.14	6.8	1.15	7.2	1.08	